FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

BRANFORD FL 32008

J36503 **DOCUMENT #** 1. Corporation Name

(7)

BARNES & SONS WOOD PRODUCERS, INC.

Principal Place of Business	
STATE BOAD SAT FAST	

Mailing Address

STATE ROAD 247. EAST BRANFORD FL 32008



							Date Incorporated or Qualified	3a. Dat	te of Last Re	eport
							09/30/1986	ļ	06/20/19	95
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		- F	Applied For
1	Thropart Boo or Booress	ŀ^	26				59-2752160		1	Not Applicable
ند. و	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
3	City & State		City & State				Election Campaign Financing Trust Fund Contribution		•	0 May Be d to Fees
	Zip Country		Zip	Zip Country			8. This corporation has liability for	intang ble	tax under s	199.032,
1	25	· · · · · · · · · · · · · · · · · · ·	29	30			Florida Statutes	No		
ZL.		d Address of Current Re	egistered Agent				10. Name and Address of New F	legistered	Agent	
				8	31	Name				
	BARNES LARRY D. STATE ROAD 247 EA	AST		8	32	Street Addres	ss (P.O. Box Number is Not Acceptat	ole)		
BRANFORD FL 32008			[8	33		,				
				Ī	84	City		F	85 Zi	p Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

2.	OFFICERS AND DIE	KECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	PDS	☐ DELFTE	1 1 TITLE	Change Addition
IAME	BARNES, LARRY D.		1.2 NAME	
REET ADDRESS	STATE ROAD 247 EAST		1.3 STREET ADDRESS	
TY-ST-ZIP	BRANFORD FL		1.4 CITY - ST - ZIP	
TLE		☐ DELETE	2 1 TITLE	Change Addition
AME			2.2 NAME	
THEET ADDRESS			2.3 STREET ADDRESS	
:ITY - ST - ZIP			2.4 CHY-ST-ZIP	
ITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
AME .			3 2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4.0-1 Y - ST - ZiP	
PLE		☐ DELFTE	4 : TITLE	☐ Change ☐ Additio
AME			4.2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
ITY - S1 - ZIP			4.4 CITY S1-ZIF	
ITLE		☐ DELETE	5 1 TITLE	Charge Additio
IAME			5.2 NAME	
TREET ADDRESS			5.3 STREET ADDRESS	
DITY - ST - ZIP			5 4 CITY - ST - ZIP	
ITLE		☐ DELETE	6 1 Till E	Change Addition
AME			6 2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	the average of clothed in Contine 110 07(3Vb). Florida Statutas I further

14. I do hereby certify that the information supplied with this Firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linery D Barnes 4/12/96 904 9352229